

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM**

SUBJECT: Hazards Analysis Grant - Acceptance of Terms and Conditions

DEPARTMENT: Fiscal Services

DIVISION: Administration - Fiscal Services

AUTHORIZED BY: Lisa Spriggs **CONTACT:** Tad Stone, Jennifer Bero **EXT:** 5001, 7163

MOTION/RECOMMENDATION:

Approve and authorize the Chairman to execute a purchase order in acceptance of the terms and conditions for the Hazards Analysis grant in the amount of \$5,775.00 as awarded by the Florida Division of Emergency Management.

County-wide

Jennifer Bero

BACKGROUND:

Through their Hazards Analysis Program, the Florida Division of Emergency Management (FDEM) provides annual funding to local government agencies for the planning, training and exercises related to investigations of hazardous material sites. The FY 09/10 allocation to Seminole County is \$5,775.00.

In lieu of a grant agreement as typically provided, FDEM is issuing a purchase order with attachments detailing the terms and conditions for utilizing the funds. If approved by the Board, Seminole County Emergency Management staff would facilitate purchases of eligible services against the FDEM purchase order. Staff requests Board acceptance of the terms and conditions of the grant as detailed in the purchase order and authorization for the Chairman to execute the purchase order to certify the acceptance.

A coordinating budget amendment request to allocate the funds is presented for Board consideration in the Budget Division section of this agenda.

STAFF RECOMMENDATION:

Staff recommends that the Board approve and authorize the Chairman to execute a purchase order in acceptance of the terms and conditions for the Hazards Analysis grant in the amount of \$5,775.00 as awarded by the Florida Division of Emergency Management.

ATTACHMENTS:

1. Purchase Order with Grant Terms and Conditions

Additionally Reviewed By:

- ☒ Budget Review (Lisa Spriggs)
- ☒ County Attorney Review (Arnold Schneider)



Order No. A12616

Issued on Tue, 06 Oct, 2009

Created on Tue, 06 Oct, 2009 by Anba System

Supplier:

Seminole County BCC
1101 East First Street/Puchasing
Sanford, FL 32771
Phone: 407-665-7119
Fax: 407-665-7956
Contact: Bob Hunter

Ship To:

DCA - Division of Emergency Management
2555 Shumard Oak Blvd
Tallahassee, FL 32399-2100
United States

Deliver To:

Nickie Ryster

Bill To:

DCA - Division of Emergency Management
Department of Community Affairs
2555 Shumard Oak Blvd
Tallahassee, FL 32399-2100
United States

Entity Description: Department of Community Affairs
Organization Code: 52600502001
Object Code: 000000-730000
Expansion Option: 04
Exemption Status: Yes
Exemption Reason?: 1E

VersionNumber: 1

Requester: Nickie Ryster

Ship To Code: U0A03q2lub q

Distributors?: N

State Contract ID:

PR No.: PR4159350

Requester Phone: 8504139943

Master Agreement ID:

MyGreenFlorida Content: N

Method of Procurement: L - governmental agency per 287.057(5)(f)13, defined in 183.3164(10).

Shipping Method: Best Way

FOB Code: INC-Dest

FOB Code Description: Destination freight paid by vendor and included in price. Title passes upon receipt. Vendor files any claims

Encumber Funds: Yes

PO Start Date: Mon, 28 Sep, 2009

PO End Date: Wed, 30 Jun, 2010

Fiscal Year Indicator: 2010

PU#: 5260

Site Code: 520000-00

Additional Item Info:

Terms and Conditions: http://marketplace.myflorida.com/vendor/po_tou.pdf

P Card Order?: No

Item	Description	Part Number	Unit	Qty	Need By	Unit Price	Extended Amount
1	50% of all hazard analysis completed by ... 50% of all hazard analysis completed by December 1, 2009 and approved by the Project Manager as specified in the attached Scope of Work.		each	1	None	\$2,598.75000USD	\$2,598.75000USD
2	50% of the remaining hazard analysis ...		each	1	None	\$2,598.75000USD	\$2,598.75000USD

50% of the remaining hazard analysis completed by March 1, 2010 and approved by the Project Manager as specified in the attached Scope of Work.

Item	Description	Part Number	Unit	Qty	Need By	Unit Price	Extended Amount
3	Hazard Analysis approval, distribution and ... Hazard Analysis approval, distribution and notification.		each	1	None	\$577.50000USD	\$577.50000USD
Total							\$5,775.00000USD

Comments

- ★ SUBMITTED by David Shufflebotham on Monday, September 28, 2009 at 9:37 AM with comment: (2 documents attached)
See attached Scope of Work and supporting documentation: CSFA No. 52.023

Please sign and return the Scope of Work Acceptance Form.

Contact Person: Tim Dare, Tel: No. 550-410-1272 (David Shufflebotham, Mon, 28 Sep, 2009).

Attachment A

PURPOSE, REQUIREMENTS, SCOPE AND SCHEDULE OF DELIVERABLES AND SCHEDULE OF PAYMENTS

Purpose

To update the hazards analysis for all facilities listed in Attachment B, which have reported to the State Emergency Response Commission the presence of those specific Extremely Hazardous Substances designated by the U.S. Environmental Protection Agency in quantities at or above the Threshold Planning Quantity. The data collected under this Agreement will be used to comply with the requirements of the Emergency Planning and Community Right-To-Know Act's planning requirements.

Requirements

- A. The County shall submit a list of facilities within the County's geographical boundaries that are suspected of not reporting to the State Emergency Response Commission the presence of Extremely Hazardous Substances in quantities at or above the Threshold Planning Quantity, as designated by the U. S. Environmental Protection Agency.
- B. The completed hazards analysis shall comply with the site-specific hazards analysis criteria outlined in this Attachment for each facility listed in Attachment B. The primary guidance documents are Attachment D (Hazards Analysis Contract Checklist and CAMEO Guide) to this Agreement and the U.S. Environmental Protection Agency's "Technical Guidance for Hazards Analysis". All hazards analyses shall be consistent with the provisions of these documents. Any variation from the procedures outlined in these documents must be requested in writing and approved by the Division.
- C. Provide an on-site visit to each Attachment B facility to ensure accuracy of the hazards analysis. Each applicable facility's hazards analysis information shall be entered into the U.S. Environmental Protection Agency's CAMEO[®] software program. Each facility hazards analysis shall include, but is not limited to, the following items:

(1) Facility Information

- (a) Provide the Facility name (per Attachment B)

- (b) Facility address

Provide the physical address (no Post Office Box) of the facility.

- (c) Facility Identification

Provide the State Emergency Response Commission Code identification number (per Attachment B) and the geographic coordinates (latitude and longitude in decimal degrees).

- (d) Facility Emergency Coordinator

Provide the name, title and telephone number (daytime and 24-hour) of the designated facility emergency coordinator.

- (e). Transportation Routes

List the main routes used (from the County line to the facility) to transport chemicals to and/or from the facility.

(f) Evacuation Routes

Based on wind direction from the North, South, East and West, identify the route(s) from the facility to exit the Vulnerable Zone(s).

(g) Historical Accident Record

Describe any past releases or incidents that have occurred at the facility. Include date, time, chemical name, quantity and number of persons injured or killed (this information is available from the facility). If it is determined that a facility does not have a historical accident record, that shall be noted.

(2) Hazard Identification

(a) Chemical identities

Provide proper chemical name, Chemical Abstract Service (CAS) number and natural physical state (according to exhibit C of the Technical Guidance for Hazards Analysis) for each Extremely Hazardous Substance present at the facility at any time up to one year prior to the site visit.

(b) Maximum quantity on-site

Express in exact pounds (not range codes) the maximum quantity of each Extremely Hazardous Substance the facility has on-site at any time up to one year prior to the site visit.

(c) Amount in largest container or interconnected containers

Express in pounds the amount of each Extremely Hazardous Substance stored in the largest container or interconnected containers (this is the release amount used to determine the Vulnerable Zone).

(d) Type and design of storage container or vessel

Indicate the storage method of each Extremely Hazardous Substance, i.e., drum, cylinder, tank, and their respective capacities (It is helpful to indicate system types such as manifold versus vacuum as well).

(e) Nature of the hazard

Describe the type of hazard (i.e., fire, explosion) and health effects (acute and chronic) most likely to accompany a spill or release of each Extremely Hazardous Substance.

(3) Vulnerability Analysis

(a) Extent of the Vulnerable Zone

For each Extremely Hazardous Substance present at a facility, provide the estimated geographical area (vulnerable zone) that may be subject to concentrations of an airborne Extremely Hazardous Substance at levels that could cause irreversible acute health effects or death to human populations following an accidental release.

(b) Estimate Facility Population

Provide an estimate of the maximum number of employees present at the facility at any given time, i.e. if the facility is unmanned except for routine maintenance by only one person then, the number of employees present at any given time shall be noted as one.

(c) Critical Facilities

Identify each critical facility by name and each critical facility's maximum expected occupancy, within each vulnerable zone, which are essential to emergency response or house special needs populations (schools, day cares, public safety facilities, hospitals, etc.). If there are no critical facilities within the vulnerable zone, that shall be noted.

(d) Estimate Total Exposed Population

Provide an estimate of the total exposed population (facility employees + general population + critical facilities), within each vulnerable zone, that would be affected in a worst case release scenario.

(4) Risk Analysis (the three ratings {Risk Assessment} at the bottom of the CAMEO *fm* Scenario Page will meet the four requirements below)

(a) Probability of release

Rate the probability of release as Low, Moderate, or High based on observations at the facility. Considerations should include history of previous incidents and current conditions and controls at the facility.

(b) Severity of consequences of human injury

Rate the severity of consequences if an actual release were to occur

(c) Severity of consequences of damage to property

Rate the potential damage to the facility, nearby buildings and infrastructure if an actual release were to occur.

(d) Severity of consequences of environmental exposure

Rate the potential damage to the surrounding environmentally sensitive areas, natural habitat and wildlife if an actual release were to occur.

- D. Identify those facilities in Attachment B for which a hazards analysis was not submitted. Supporting documentation must be provided with a list to account for the facilities for which a hazards analysis was not completed. In addition to the facility name and the State Emergency Response Commission Code identification number, supporting documentation should indicate:
- (1) Facility has closed or is no longer in business.
 - (2) Facility is not physically located in the County (indicate appropriate County location, if known).
 - (3) Facility does not have Extremely Hazardous Substance(s) on-site or Extremely Hazardous Substance(s) are below the Threshold Planning Quantity. These facilities require:
 - (a) A Statement of Determination from the facility representative for the previous reporting year; or
 - (b) A letter from the facility representative fully explaining why the Extremely Hazardous Substance(s) is/are not now present at or above the Threshold Planning Quantity and a date when the Extremely Hazardous Substance(s) was/were removed from the facility.
- E. On-Site Visits
- (1) Conduct a detailed on-site visit, within the period of this Agreement, of all the facilities listed in Attachment B, to confirm the accuracy and completeness of information in the hazards analysis.
 - (2) Submit a completed Hazards Analysis Site Visit Certification Form (Attachment E) to the Division for each facility site visit conducted.
 - (3) Submit (electronically) a site plan map with the State Emergency Response Commission Code identification number and in sufficient detail to identify:
 - (a) Location of major building(s)
 - (b) Location and identification of EHS container(s)
 - (c) Location of major street(s) and entrance(s)
 - (d) North arrow
- F. Ensure that the Hazards Analysis information is reflected in the County Local Mitigation Strategy.

Scope and Schedule of Deliverables

Deliverable 1:

On or before December 1, 2009, the County shall submit fifty (50) percent of the completed hazards analyses of the Attachment B facilities to the Division for review and approval.

Deliverable 2:

On or before March 1, 2010, the County shall submit the final fifty (50) percent of the completed hazards analyses of the Attachment B facilities to the Division for review and approval.

Deliverable 3:

- A. On or before June 30, 2010, the County shall provide the Division one (1) copy (electronic format) of each approved hazards analysis. A complete copy of each approved hazards analysis shall be submitted to the applicable Local Emergency Planning Committee and a copy of the transmittal document shall be submitted to the Division.
- B. The County shall notify all Attachment B facilities and applicable first responder agencies of the availability of the hazards analyses information, and make that information available upon request and submit proof of said notifications to the Division.
- C. As appropriate, participate in a technical assistance training session provided by the Division.

Schedule of Payments

	<u>Payment</u>
Deliverable #1 - 45% of the Agreement Amount	<u>\$2,598.75</u>
Deliverable #2 - 45% of the Agreement Amount	<u>\$2,598.75</u>
Deliverable #3 - 10% of the Agreement Amount	<u>\$577.50</u>

Each payment shall be made upon satisfactory completion of the deliverable above and upon receipt of an acceptable Financial Invoice (Attachment C).

ATTACHMENT B - SEMINOLE COUNTY SECTION 302 FACILITIES

LEPC/SERC Code	Physical Address	Mailing Address	Facility Representative
6 18693	CITY OF ALTAMONTE SPRINGS - WATER RECLAMATION FACILITY 950 KELLER ROAD ALTAMONTE SPRING FL 32714-	CITY OF ALTAMONTE SPRINGS 225 NEWBURYPORT AVENUE ALTAMONTE SPRIN FL 32701-3697	24 HOUR EMERGENCY ON C 407-571-8679
6 18696	CITY OF ALTAMONTE SPRINGS - WTP 4 370 SAN SEBASTIAN PRADO ALTAMONTE SPRING FL 32714-	CITY OF ALTAMONTE SPRINGS 225 NEWBURYPORT AVENUE ALTAMONTE SPRIN FL 32701-3697	24 HOUR EMERGENCY ON C 407-571-8679
6 29269	SPRINT - ORLANDO CUSTOMER SOLUTIONS 965 NORTH KELLER ROAD ALTAMONTE SPRING FL 32714-	SPRINT 6480 SPRINT PARKWAY - MAIL STOP 5B874 OVERLAND PARK KS 66251-	CATHY STAFFORD 407-659-4551
6 22274	BELLSOUTH GENEVA - 33319 173 FIRST STREET GENEVA FL 32732-	BELLSOUTH TELECOMMUNICATIONS 7825 RED TOP ROAD MACCLENLY FL 32063	JAMES MAURO 407-771-1792
6 30259	CROWN CASTLE - FL GENEVA 1461 EAST STATE ROAD 46 GENEVA FL 32732	CROWN CASTLE USA INC 2000 CORPORATE DRIVE CANONSBURG PA 15317-	NETWORK OPERATIONS CE 1-800-788-7011
6 16000	EMBARQ - GOLDENROD / CENTRAL OFFICE 7601 CITRUS AVENUE GOLDENROD FL 32733-	EMBARQ 555 LAKE BORDER DRIVE FLAPKA0206 APOPKA FL 32703	JENNIFER SCARPINO 407-889-1531
6 28387	A T AND T CORPORATION - FLO656 59 SKYLINE DRIVE LAKE MARY FL 32746-	A T AND T CORPORATION 898 MARIE LANE CONYERS GA 30094	JAMES MAURO 407-771-1792
6 31330	BELLSOUTH - LAKE MARY / BUSINESS CNTR DRIVE - CO - 301BH 1100 BUSINESS CENTER DRIVE LAKE MARY FL 32746	BELLSOUTH TELECOMMUNICATIONS 7825 RED TOP ROAD MACCLENLY FL 32063	JAMES MAURO 407-771-1792
6 36041	UNITED STATES POSTAL - MID FLORIDA PDC 800 RINEHART ROAD LAKE MARY FL 32799	U S POSTAL SERVICE - SOUTH FLORIDA DISTRICT 1900 WEST ORLANDO PARK BOULEVARD FORT LAUDERDALE FL 33313-9998	DOUGLAS M FEDISH 407-333-8605

LEPC/SERC Code	Physical Address	Mailing Address	Facility Representative
6 21342	BELL CHEM 1340 BENNETT DRIVE LONGWOOD FL 32750-	BELL CHEM 1340 BENNETT DRIVE LONGWOOD FL 32750-	JOHN CERVO 407-339-2355
6 32631	MID FLORIDA GOLF CAR - LONGWOOD BRANCH 750 NORTH US HIGHWAY 17-92 LONGWOOD FL 32750	MID FLORIDA GOLF CAR DISTRIBUTORS INC 935 LONGDALE AVENUE LONGWOOD FL 32750	DON FRISON 407-699-6400
6 22278	BELLSOUTH TELECOMMUNICATIONS - 31848 84 SOUTH CENTRAL AVENUE OVIEDO FL 32765-	BELLSOUTH TELECOMMUNICATIONS 7825 RED TOP ROAD MACCLENNY FL 32063	JAMES MAURO 407-771-1792
6 13739	CITY OF ORLANDO - IRON BRIDGE POLLUTION CONTROL 601 IRON BRIDGE CIRCLE OVIEDO FL 32765	CITY OF ORLANDO 5100 L B MCLEOD ROAD ORLANDO FL 32811-	BRIAN SMITH 407-830-6710
6 5398	CITY OF OVIEDO - A M JONES WATER PLANT 1600 ALAFAYA WOODS BOULEVARD OVIEDO FL 32765-	CITY OF OVIEDO 400 ALEXANDRIA BOULEVARD OVIEDO FL 32765	STEPHEN MEDEIROS 407-971-5684
6 30474	DUMONT COMPANY - OVIEDO 812 EYRIE DRIVE OVIEDO FL 32765	DUMONT COMPANY POST OFFICE BOX 622280 OVIEDO FL 32762	RONALD H. CARTWRIGHT 407-509-4061
6 33691	AMERICAN BATTERY - SANFORD 4200 CHURCH STREET - SUITE 1018 SANFORD FL 32771-693	EAST PENN MANUFACTURING d/b/a AMERICAN BATTERY POST OFFICE BOX 147 LYON STATION PA 19536	RICHARD MILLS 407-321-8843
6 22273	BELLSOUTH SANFORD - 33340 501 WEST 9 STREET SANFORD FL 32771-255	BELLSOUTH TELECOMMUNICATIONS 7825 RED TOP ROAD MACCLENNY FL 32063	JAMES MAURO 407-771-1792
6 7003	CITY OF SANFORD - BOOSTER PLANT 1303 FRENCH AVENUE SANFORD FL 32771-340	CITY OF SANFORD - UTILITIES POST OFFICE BOX 1788 SANFORD FL 32772-1788	PAUL MOORE 407-668-5106/ 5119
6 33631	CORE PIPE PRODUCTS 301 BROWN AVENUE SANFORD FL 32771	CORE PIPE PRODUCTS 301 BROWN AVENUE SANFORD FL 32771	RANDA HAPPEL-KING 407-323-0940

LEPC/SERC Code	Physical Address	Mailing Address	Facility Representative
6 18772	INVACARE 2101 EAST LAKE MARY BOULEVARD SANFORD FL 32773-	INVACARE ONE INVACARE WAY ELYRIA OH 44035-	PAUL T VISNOSKI 407-328-5916
6 4759	SEMINOLE COUNTY - LAKE MONROE WTP 197 HICKMAN DRIVE SANFORD FL 32773-	SEMINOLE COUNTY 200 WEST COUNTY HOME ROAD SANFORD FL 32773	RICHARD GERLING 407-678-8896
6 36106	SONIC AUTOMOTIVE - MASSEY CADILLAC OF SANFORD 3700 SOUTH US HIGHWAY 17-92 SANFORD FL 32773	SONIC AUTOMOTIVE INC 6415 IDLEWILD AVENUE CHARLOTTE NC 28212	DOUG SISK 407-299-6161
6 4750	SEMINOLE COUNTY - SOUTHEAST REGIONAL WTP 3300 DIKE ROAD WINTER HAVEN FL 32791	SEMINOLE COUNTY 200 WEST COUNTY HOME ROAD SANFORD FL 32773	RUTH HAZARD 407-665-2115

**Attachment C
FINANCIAL INVOICE FORM
FOR
HAZARDOUS MATERIALS HAZARDS ANALYSIS UPDATE**

COUNTY: _____ PURCHASE ORDER # _____

	AMOUNT REQUESTED BY THE RECIPIENT	AMOUNT APPROVED BY THE DIVISION
1. First Payment (45% of contract amount) (50% Hazards Analyses completed/submitted)	\$ _____	\$ _____
2. Second Payment (45% of contract amount) (50% Hazards Analyses completed/submitted)	\$ _____	\$ _____
3. Final Payment(10% of contract amount) (approval, distribution & notification)	\$ _____	\$ _____
TOTAL AMOUNT	\$ _____	\$ _____

(To be completed by
the Division)

I certify that to the best of my knowledge and belief the billed costs are in accordance with the terms of the Agreement.

Signature of Authorized Official/Title

Date

TOTAL AMOUNT TO BE PAID AS OF _____

THIS INVOICE \$ _____

(To be completed by the Division)

Attachment D

HAZARDS ANALYSIS CONTRACT CHECKLIST AND CAMEO GUIDE

FACILITY INFORMATION
Facility Name {per Attachment B} (Facility page)
Facility Physical address (Facility page)
SERC Code identification number {per Attachment B, i.e. SERC#XXXXX} (Department Field on Facility page)
Latitude & Longitude in degrees/minutes/seconds {i.e. 30.1917 - 84.3621} (Map Data tab on Facility page)
Facility Emergency Coordinator name, title, phone # {including 24 hr. number} (Contact tab on Facility page)
Transportation Route(s) {from county line to the facility} (Notes tab on Facility page)
Evacuation Route(s) to exit the vulnerable zone (Notes tab on Facility page)
Historical Accident Record {If none, please note} (Notes tab on Facility page)
HAZARD IDENTIFICATION (for each Extremely Hazardous Substance on site)
Proper chemical name(s) (Chemical in Inventory page{s})
Chemical Abstract Service (CAS) number (Chemical in Inventory page{s})
Natural physical state {i.e. mixture, pure, liquid, solid, gas} (Chemical in Inventory page{s}, Physical State and Quantity tab)
Maximum quantity on-site in pounds (Chemical in Inventory page{s}, Physical State and Quantity tab)
Amount in largest container or interconnected containers (Chemical in Inventory page{s}, Physical State and Quantity tab)
Type and design of storage container(s) {i.e. cylinder, steel drum, carboy etc.} (Chemical in Inventory page{s}, Location tab)
Nature of the hazard {i.e., acute, chronic, fire, pressure etc.} (Chemical in Inventory page{s}, Physical State and Quantity tab)
VULNERABILITY ANALYSIS (for each Extremely Hazardous Substance on site)
Estimate vulnerable zone {threat zone} radius (bottom of Scenario page{s})
Facility Population {unmanned facilities minimum of one is required for maintenance personnel} (ID Codes tab on Facility page)
Critical Facilities {name of facilities and max occupancy for each} [if none, please note] (Notes tab on Scenario page{s})
Estimate Total Exposed Population(s) {facility + general population + critical facilities} (Notes tab on Scenario page{s})
RISK ANALYSIS (for each Extremely Hazardous Substance on site) (Scenario page{s})
The three ratings {Risk Assessment} at the bottom of the SCENARIO PAGE(S) will meet the four requirements below
Rate probability of release {i.e., low, medium or high}
Rate severity of consequences of human injury {i.e., low, medium or high}
Rate severity of consequences of damage to property {i.e., low, medium or high}
Rate severity of consequences of environmental exposure {i.e., low, medium or high}
ON-SITE VISITS (within the contract period)
Completed hazards analysis site visit certification form (submitted electronically or hard copy)
Site plan map (submitted electronically) for each facility, with SERC code number and with sufficient detail to identify:
Location of major building(s)
Location of container(s) of Extremely Hazardous Substance(s)
Location of major street(s) and entrance(s)
North arrow

The data in the Facility Information, Hazard Identification, Vulnerability Analysis and Risk Analysis sections noted above shall be submitted electronically in a CAMEO*fm* zip file format.

Attachment E



FLORIDA STATE EMERGENCY RESPONSE COMMISSION FOR HAZARDOUS MATERIALS

HAZARDS ANALYSIS SITE VISIT CERTIFICATION FORM

Name of Facility (Please print)

Name of County (Please print)

State Emergency Response Commission (SERC) Code

Name of Facility Representative (Please print)

Facility Representative Signature

Site Visit Date

Name of Inspector (Please print)

Inspector's Signature

Site Visit Date

The individuals signing above certify that a hazards analysis site visit was conducted on the above date.

ATTACHMENT "F"

METHOD OF COMPENSATION

1.0 PURPOSE:

This Attachment defines the limits of compensation to be made to the County for the services set forth in Attachment "A" and the method by which payments shall be made.

2.0 COMPENSATION:

For the satisfactory **performance** of services detailed in Attachment "A", the County shall be paid the amounts in accordance with Schedule of Deliverables and Payments in Attachment "A" for a maximum contract value of \$5,775.00.

3.0 PAYMENTS:

The County shall submit an original signature invoice (3 copies) in a format acceptable to the Division. Payment for services shall be made at amounts shown in Attachment "A", as approved by the Division.

Invoices shall be submitted to:
Florida Division of Emergency Management
Tim Date, Planning Manager
2555 Shumard Oak Blvd.
Tallahassee, FL 32399-2100

4.0 DETAILS OF COSTS AND FEES:

Details of the County's billing rates for these services are contained in Attachment "A", attached hereto and made a part hereof.

5.0 TANGIBLE PERSONAL PROPERTY:

This contract does not involve the purchase of Tangible Personal Property, as defined in Chapter 273, F.S.

ATTACHMENT G

ADDITIONAL TERMS AND CONDITIONS

1. A later date may be agreed upon in writing by both parties to this Agreement.
2. The Division will be the sole authority for determining extenuating circumstances and granting extensions to the deliverable deadline.

Seminole County hereby accepts the Florida Department of Community Affairs – Division of Emergency Management grant funding in the amount of \$5,775.00 and agrees to the special terms and conditions associated therewith relative to Purchase Order# A12616 (Hazards Analysis).

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.

Approved as to form and
legal sufficiency.

As authorized for the execution by the
Board of County Commissioners at
their _____, 20_____
regular meeting.

County Attorney

STATE OF FLORIDA
DIVISION OF EMERGENCY MANAGEMENT

By: _____

Name/Title: _____

Date: _____